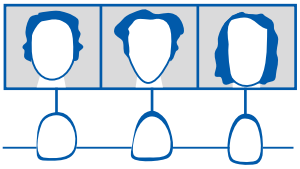
COLOGNE DENTAL LAB

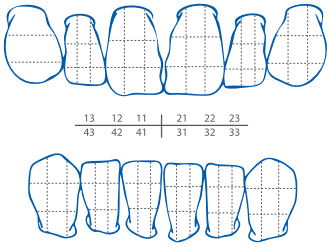
the experts in crafting smiles

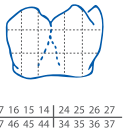
No:



Job Order

Doctor's Name :			**Date :**
Patient's Name :			**Shade :**
Gender : ☐ Male ☐ Female	**Age :**	**Tel # of clinic :**	**Try-in Date :**
Date of Delivery :			**Color :**





TECHNICIANS
Framework :
Ceramist :
Check by :

Instructions : .....

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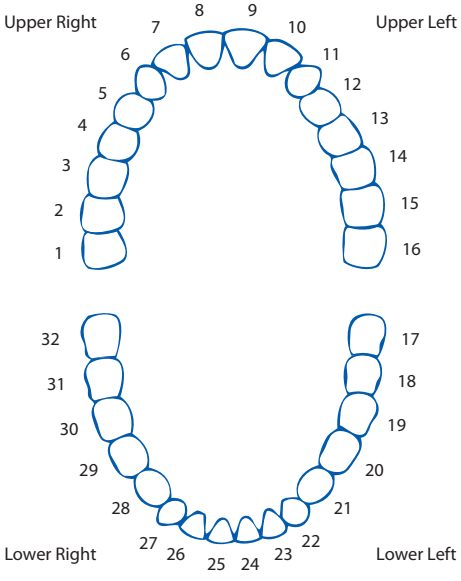

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/CologneDentalLab

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